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Complete if Known				
	Application Number	09/747,521		
LOSURE	Filing Date	December 21, 2000		
PLICANT	First Named Inventor	Galloway		
ssary)	Art Unit	1645 JUL 1 4 2004		
	Examiner Name	Shahnan Shah		
· · ·	Attorney Docket Number	22727/04079		

	1.2	NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T²
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Examiner	1	Date	
Signature		Considered	12/11/39

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quired to respond to a collection of Information unless it contains a valid OMB control number. Under the Paperwork Reduction Act of Complete if Known Substitute for form 1449/PTO **Application Number** 09/747,521 Filing Date INFORMATION DISCLOSURE December 21, 2000 STATEMENT BY APPLICANT First Named Inventor Galloway Art Unit 1645 (Use as many sheets as necessary) **Examiner Name** Shahnan Shah **Attorney Docket Number** Sheet 22727/04079

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